Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: BOA PARTNERSHIP GP, L.L.C.

DOCUMENT# M05000004994

### **Current Principal Place of Business:**

730 THIRD AVENUE OFFICE OF THE CORPORATE SECRETARY MS: 730/12/02 NEW YORK, NY 10017

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Current Mailing Address:**

**1 HARTFORD PLAZA** ATTN: DENISE OUELLET 19TH FLOOR HARTFORD, CT 06103 US

# FEI Number: 20-3294667

### Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

#### SIGNATURE:

Electronic Signature of Registered Agent

# Authorized Person(s) Detail :

Title	MANAGING MEMBER	Title	SECRETARY
Name Address	NA PROPERTY FUND HOLDINGS, L.L.C. 730 THIRD AVENUE OFFICE OF THE CORPORATE SECRETARY MS: 730/12/02	Name	DAVIS , MARTINA
		Address	730 THIRD AVENUE
		City-State-Zip:	NEW YORK NY 10017
City-State-Zip:	NEW YORK NY 10017		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SECRETARY

SIGNATURE: MARTINA DAVIS

Certificate of Status Desired: No

Date

04/22/2021

Date